



HAWAII STATE ETHICS COMMISSION
1001 BISHOP STREET, PACIFIC TOWER 970
P.O. BOX 616, HONOLULU, HAWAII 96809
TEL.: 587-0460 FAX: 587-0470

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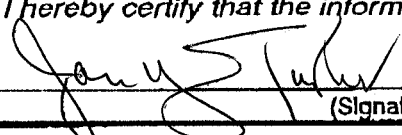
LOBBYIST REGISTRATION FORM

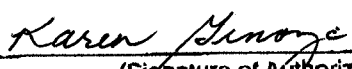
(See back of this form for instructions) STATE OF HAWAII
(Type or Print Clearly) STATE ETHICS COMMISSION

PART I LOBBYIST				
NAME (Last)	(First)	(Middle)	TELEPHONE	
Turner, Jan			833-2711	
MAILING ADDRESS (Street) (City) (State) (Zip Code)				
1200 Ala Kapuna St. Honolulu, HI. 96819				
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)				TELEPHONE
MAILING ADDRESS (Street) (City) (State) (Zip Code)				

PART II ORGANIZATION				
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)				TELEPHONE
Hawaii State Teachers Association				833-2711
MAILING ADDRESS (Street) (City) (State) (Zip Code)				
1200 Ala Kapuna St., Honolulu, HI. 96819				
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT				TELEPHONE
Maurice Morita				833-2711
MAILING ADDRESS (Street) (City) (State) (Zip Code)				
1200 Ala Kapuna St., Honolulu, HI. 96819				

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY			
<input type="checkbox"/> Agriculture	<input checked="" type="checkbox"/> Education	<input type="checkbox"/> Human Services	<input type="checkbox"/> Science, Technology & Economic Development
<input type="checkbox"/> Communications & Public Utilities	<input checked="" type="checkbox"/> Government Operations & Finance	<input type="checkbox"/> Intergovernmental Relations, International Affairs	<input type="checkbox"/> Tourism & Recreation
<input checked="" type="checkbox"/> Consumer Protection & Commerce	<input type="checkbox"/> Hawaiian Affairs	<input checked="" type="checkbox"/> Labor & Employment	<input type="checkbox"/> Transportation
<input type="checkbox"/> Culture, Arts, Historic Preservation	<input checked="" type="checkbox"/> Health	<input type="checkbox"/> Planning, Land & Water Use Management	<input type="checkbox"/> Other: (Indicate below)
<input type="checkbox"/> Ecology, Energy, Environmental Protection	<input type="checkbox"/> Housing	<input type="checkbox"/> Public Safety & Corrections	

PART IV CERTIFICATION OF LOBBYIST	
I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.	
 (Signature of Lobbyist)	3-04-03 (Date)

PART V AUTHORIZATION TO LOBBY	
NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED
Karen Ginzoa, President	
NAME OF ORGANIZATION (If applicable)	TELEPHONE
Hawaii State Teachers Association	833-2711
MAILING ADDRESS (Street) (City) (State) (Zip Code)	
1200 Ala Kapuna St., Honolulu, HI. 96819	
I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned.	
 (Signature of Authorizing Officer or Person Represented)	(Date)